

Work Order ID 103272

June-20-13 2:48:23 PM

BLUE

103272

Page 1

Item ID: D206-667-207BL

Accept

N9000040100

Setup Start *NS1*

Revision ID:

Stop *NS2*

Item Name: Crosstube Mid Aft

Start Date: 6/20/13 Start Qty: 1.00

1

Cust Item ID:

Required Date: 7/05/13 Req'd Qty: 1.00

1

Customer:

Reference:

Approvals:

Process Plan:

[Signature]

Date: 13-06-28

Tooling:

Date:

Run Start *NR1*

QC:

Date:

SPC (Y/N):

Date:

Stop *NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr

Revision Nbr

D206-667-247

A (DEO)

IIN-D206-667

D

[Signature]

DAS

27

9-89

100

0.00

1000

DOCUMENT CONTROL

DC

Memo

0.00

1396

Document Control

Photocopy bluefile and create labels as per PPP D206-667-207 chg 002

110

0.00

110

BENDING MACHINE - CROSSTUBES

CNC Bend 2

Memo

0.00

CNC Alpha 160 Bender

Bend tube as per Dwg D206-667-247 using CNC bender program D206-667-207

[Signature] 13-08-13
[Signature]
Pto →

DQA:

Date:

13/09/17

WORK ORDER NON-CONFORMANCE / UPDATE



QA Closed:

Date:

13/9/13

Work Order update only ☐

Work Order: <u>103272</u>	DISPOSITION		AGAINST DEPARTMENT/PROCESS			
Part No. <u>D206-667-207B1</u>	Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input checked="" type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	
NCR No. <u>13-3019</u>	Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	
	Use-as-is <input checked="" type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	
	Suspected Unapproved <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>		

Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data	13/8/14	110	1	CRUSHING IS OVER tolerance.	CP	Acceptable per attached S.R.	CP	DAS 16 9-89	DAS 16 9-89
Equip/Tooling					13/3/14		13/12/14	13/08/14	13/08/14
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process	<input checked="" type="checkbox"/>								
Supplier									
Training									
Transport									
Unapproved									

FAULT CATEGORY

Landing Gear		General			
<input checked="" type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Folio/Program	<input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Pressure/Forced	
<input type="checkbox"/> Centre Not Concentric	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Grain	<input type="checkbox"/> Over/Under tolerance	<input type="checkbox"/> Set-up	
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damage/Defect	<input type="checkbox"/> Hardware	<input type="checkbox"/> Part Incorrect	<input type="checkbox"/> Temperature/Cure	
<input type="checkbox"/> Crimp/Kink/Ripple/Wave	<input type="checkbox"/> Burrs	<input type="checkbox"/> Inspection Incomplete/Unqualified	<input type="checkbox"/> Part Lost/Missing	<input type="checkbox"/> Weld	
<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Instructions Incomplete/Unclear	<input type="checkbox"/> Part Moved	<input type="checkbox"/> Wrong Stock Pulled	
<input type="checkbox"/> Crushing	<input type="checkbox"/> Countersink	<input type="checkbox"/> Misaligned/off center	<input type="checkbox"/> Positioned Wrong	<input type="checkbox"/> Other	
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Mislabeled	<input type="checkbox"/> Power Loss/Surge		
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Drawing	<input type="checkbox"/> Misread			
<input type="checkbox"/> Marks/Chatter	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Off-set			
<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Calibration			
<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Fit/Function	<input type="checkbox"/> Out of Sequence			

Work Order ID 103272

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103272

Page 2

Item ID: D206-667-207BL

Accept

N900040100

Setup Start ***NS1***

Revision ID:

Item Name: Crosstube Mid Aft

Stop ***NS2***

Start Date: 6/20/13 Start Qty: 1.00 ***1***

Cust Item ID:

Required Date: 7/05/13 Req'd Qty: 1.00 ***1***

Customer:

Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____

Run Start ***NR1***

QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
120	QC15- Crosstube Dimensional Check	0.00							
120									
QC	Memo	0.00							
Quality Control									

DAS
16
9-83

13/08/14

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order update only ☐

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width:100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence
<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		
<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other		

Work Order ID 103272

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103272

Page 3

Item ID: D206-667-207BL

Accept

N900040100Setup Start ***NS1***

Revision ID:

Stop ***NS2***

Item Name: Crosstube Mid Aft

Start Date: 6/20/13 Start Qty: 1.00

1

Cust Item ID:

Required Date: 7/05/13 Req'd Qty: 1.00

1

Customer:

Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____
QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Run Start ***NR1***
Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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130

0.00

130

Crosstubes

Crosstubes

Crosstubes

Memo

0.00

***** ENSURE PROPER JIG POSITIONING BEFORE DRILLING*****
VERIFIED BY: AM *****

1-Drill pilot holes in tube using drill Jig DT8583 & DT8584 as per Dwg D206-667-247. Drill all (3) top holes. Holes facing inboard. Drill and Ream all holes in tube to finish size using drill Jig DT8583 & DT8584 as per Dwg D206-667-247

***** ENSURE PROPER JIG POSITIONING BEFORE DRILLING*****
VERIFIED BY: AM *****

2- Drill fwd rivet holes using drill Jig DT8787 fwd as per Dwg D206-667-247.
Note: FWD side has 3X top holes facing inboard.

3- C'sink holes as per dwg D206-667-247. Allow rivet to sit below surface to compensate for paint.

4- Flip tube and switch drilling Jigs from right to left, left to right. Locate Jigs off existing holes using "T" pins. Drill ONLY 2 top holes ONLY plug most bottom hole to prevent accidental drilling. Drill holes and ream using drill Jig DT8583 & DT8584 as per Dwg D206-667-247. Drill only the top (2) holes. Drill & ream the top (2) holes to finish size using drill Jig DT8583 & DT8584 as per Dwg D206-667-247

***** ENSURE PROPER JIG POSITIONING BEFORE DRILLING*****
VERIFIED BY: AM *****

5-Drill aft rivet holes using drill Jig DT8787 aft as per Dwg D206-667-247.

1 ϕ
AMC
13/08/14

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order update only ☐

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>
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Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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Work Order ID 103272

103272

Page 4

Item ID: D206-667-207BL

Accept

N900040100

Setup Start *NS1*

Revision ID:

Item Name: Crosstube Mid Aft

Stop *NS2*

Start Date: 6/20/13 Start Qty: 1.00

1

Cust Item ID:

Required Date: 7/05/13 Req'd Qty: 1.00

1

Customer:

Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____

Run Start *NR1*

QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Stop *NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Drill only the top (2) holes.

***** ENSURE PROPER JIG POSITIONING BEFORE DRILLING*****
VERIFIED BY: RM *****

6- C'sink holes as per dwg D206-667-247. Allow rivet to sit below surface to compensate for paint.

7- Scribe tube to identify on the inner chamfer in the cuff D# and B#

8-*** WEAR LATEX GLOVES WHEN HANDLING CROSSTUBE***Deburr
& Inspect for surface damage. Repair damage within limits as per Dwg D206-667-247

amm.L 13/08/14

EP 15-08-20
W

140

QC5- Inspect part completeness to step on W/O 0.00

140

QC

Quality Control

Memo

0.00

*** WEAR LATEX GLOVES WHEN HANDLING CROSSTUBE***

DAS
27
9-89

B & 20

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order update only ☐

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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Work Order ID 103272

103272

Page 5

Item ID: D206-667-207BL

Accept

N900040100

Setup Start *NS1*

Revision ID:

Stop *NS2*

Item Name: Crosstube Mid Aft

Start Date: 6/20/13 Start Qty: 1.00

1

Cust Item ID:

Required Date: 7/05/13 Req'd Qty: 1.00

1

Customer:

Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____
QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Run Start *NR1*

Stop *NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
150		0.00							
150									
HandFXtube	Memo	0.00				1	0	0	AB
Hand Finishing Crosstubes	*** WEAR LATEX GLOVES WHEN HANDLING CROSSTUBE***								13-8-22
	1- CLEAN CROSSTUBE WITH WASH'N WIPE								
170	Outsource process - NDT per QSI038 4.1	0.00							
170									
Outsource2	Memo	0.00							CZ 13/08/22
Outsource process - NDT	*** WEAR LATEX GLOVES WHEN HANDLING CROSSTUBE***								
	Liquid Penetrant Inspection as per QSI 038Or								
	Issue P/O: <u>21040</u>								
	LPI as per ASTM 1417								
	Level 2 Attach copy of NDT results to work order								
180		0.00							
180									
Packaging	Packaging								IX
Packaging	Memo	0.00							SP
Packaging	*** WEAR LATEX GLOVES WHEN HANDLING CROSSTUBE***								13-8-22
	Ensure copy of NDT results attached to work order.								

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order update only ☐

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>
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Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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Work Order ID 103272

103272

Page 6

Item ID: D206-667-207BL

Accept

N900040100

Setup Start *NS1*

Revision ID:

Stop *NS2*

Item Name: Crosstube Mid Aft

Start Date: 6/20/13 Start Qty: 1.00

1

Cust Item ID:

Required Date: 7/05/13 Req'd Qty: 1.00

1

Customer:

Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____
QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Run Start *NR1*

Stop *NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
190 *190* QC	QC5- Inspect part completeness to step on W/O	0.00	DAS 27 9-89			1			
Quality Control	Memo *** WEAR LATEX GLOVES WHEN HANDLING CROSSTUBE*** Ensure results are as per Dwg D206-667-247	0.00	B&22						
195 *195* HandFXtube		0.00				1	0	0	AP
Hand Finishing Crosstubes	Memo *** WEAR LATEX GLOVES WHEN HANDLING CROSSTUBE*** 1- PRESSURE WASH AND THEN USE WASH'N WIPE TO CLEAN CROSSTUBE BEFORE CHEMICAL CONVERSION	0.00							13-8-22
197 *197* QC	QC7-Inspect Chemical Conversion Coat	0.00				1			
Quality Control	Memo *** WEAR LATEX GLOVES WHEN HANDLING CROSSTUBE***	0.00							DAS 05 9-89 13-08-23

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order update only ☐

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>
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Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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Work Order ID 103272

June-20-13 2:48:23 PM

103272

Page 7

Item ID: D206-667-207BL

Accept

N900040100

Setup Start ***NS1***

Revision ID:

Stop ***NS2***

Item Name: Crosstube Mid Aft

Start Date: 6/20/13 Start Qty: 1.00 ***1***

Cust Item ID:

Required Date: 7/05/13 Req'd Qty: 1.00 ***1***

Customer:

Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____

Run Start ***NR1***

QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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200

0.00

200

SprayPaint

SprayPaint

Memo

0.00

Spray Painting

*** WEAR LATEX GLOVES WHEN HANDLING CROSSTUBE***

1-Prime inside and outside crosstube as per QSI 005 4.2

2-Paint outside crosstube as per QSI 005 4.2

PRIME:

Start Time: _____

Finish Time: _____

Blue

Primer: 126558

PAINT:

Start Time: _____

Finish Time: _____

Paint: 126437

Clear: 125447

1 0 0 13-8-23

210

QC14- Inspect Spray Paint

0.00

210

QC

Memo

0.00

Quality Control

Wrap in plastic bag to protect from scratches

1 05 13-08-26

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order update only ☐

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>
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Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other _____ _____ _____
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Work Order ID 103272

June-20-13 2:48:23 PM

103272

Page 8

Item ID: D206-667-207BL

Accept

N900040100

Setup Start ***NS1***

Revision ID:

Stop ***NS2***

Item Name: Crosstube Mid Aft

Start Date: 6/20/13 Start Qty: 1.00

1

Cust Item ID:

Required Date: 7/05/13 Req'd Qty: 1.00

1

Customer:

Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____
QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Run Start ***NR1***

Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
220		0.00							
220	Crosstubes					1	0	0	AR
Crosstubes	Memo	0.00							13-8-23
Crosstubes	1-Install nut plates as per Dwg D206-667-247.								
230		0.00							
230	Skidtubes					1	0	0	AR
Crosstubes	Memo	0.00							13-8-28
Crosstubes	1-Abrade mating surfaces of support and crosstube with 400 grit sandpaper, clean the area with 4105S wash 'n' wipe								
	2-Install supports with Proseal 890 per DSI9565 and QSI 015								
	A/R Proseal 890 Batch: <u>126010</u>								
	3- Torque bolts as per dwg								
240	QC5- Inspect part completeness to step on W/O	0.00				1			
240									
QC	Memo	0.00							
Quality Control									

DAS
27
9-89

1395

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order update only ☐

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>
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Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other _____ _____ _____
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Work Order ID 103272

103272

Page 9

Item ID: D206-667-207BL

Accept

N900040100

Setup Start ***NS1***

Revision ID:

Stop ***NS2***

Item Name: Crosstube Mid Aft

Start Date: 6/20/13 Start Qty: 1.00 ***1***

Cust Item ID:

Required Date: 7/05/13 Req'd Qty: 1.00 ***1***

Customer:

Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____ Run Start ***NR1***
QC: _____ Date: _____ SPC (Y/N): _____ Date: _____ Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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250	Pick Kit	0.00							
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250

Packaging Memo

Packaging

IX
13-9-5
SD

260	QC4- 100% Inspect kits for completeness	0.00							
-----	---	------	--	--	--	--	--	--	--

260

QC Memo

Quality Control

DAS
27
9-89
13.9.6

/

270	Packaging	0.00							
-----	-----------	------	--	--	--	--	--	--	--

270

Packaging Memo

Packaging

Identify and pack for shipping as per PPP D206-667-207
Location: FG 094
PPP Rev: _____

1 SL 13-9-6
1 M.H. 13-9-6

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order update only ☐

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>
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Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other _____ _____ _____
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Work Order ID 103272

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103272

Page 10

Item ID: D206-667-207BL

Accept

N900040100Setup Start ***NS1***

Revision ID:

Stop ***NS2***

Item Name: Crosstube Mid Aft

Start Date: 6/20/13 Start Qty: 1.00

1

Cust Item ID:

Required Date: 7/05/13 Req'd Qty: 1.00

1

Customer:

Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____
QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Run Start ***NR1***Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
280	QC21- Final Inspection - Work Order Release	0.00							
280									
QC	Memo	0.00							
Quality Control									

13/9/13

13-09-4

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order update only ☐

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>
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Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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Picklist Print

June-20-13 2:48:26 PM

Page 1

Work Order ID: 103272

103272

Parent Item: D206-667-207BL

*D206-667-207RI *

Parent Item Name: Crosstube Mid Aft

Start Date: 6/20/13

Required Date: 7/05/13

Start Qty: 1.00

Required Qty: 1.00

Comments: RevA 11.01.13 New Issue EC verified by:DD
11.08.08 PER ECN 11-615 DD VERF:EC

IPP REV:B

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
D206-667-247TRN		Manufactured	No			110	Each	5.0000	1	1			

D206-667-247TRN

Crosstube Assembly, Mid Aft

**

B105212

Location

Loc Qty

Loc Code

LG

2

97857

1

98197

1

LG014

3

78498

1

96768

1

96769

1

①

Rm 13-0812

D2873-043

Manufactured No

220

Each

76.0000

2

2

D2873-043

NUT PLATE ASSEMBLY

**

103456

Location

Loc Qty

Loc Code

LG052

76

100314

30

100708

41

72644

2

84386

1

98225

2

②

A8 13-8-23

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order update only ☐

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
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Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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Picklist Print

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Page 2

Work Order ID: 103272

Parent Item: D206-667-207BL

Parent Item Name: Crosstube Mid Aft

103272

*D206-667-207BI *

Start Date: 6/20/13

Required Date: 7/05/13

Start Qty: 1.00

Required Qty: 1.00

D2873-045

Manufactured No

220 Each

76.0000 2 2

D2873-045

NUT PLATE ASSEMBLY

**

13-8-23

Location

Loc Qty

Loc Code

LG052

76

100418

30

100707

41

98222

5

MS20601-AD4W10

Purchased No

220 Each

323.0000 14 14

MS20601-AD4W10

RIVET

**

13-8-23

Location

Loc Qty

Loc Code

LG050

304

122518

2

124668

2

M125729

100

M126085

200

LG051

19

124829

3

125351

16

D2892-1

Manufactured No

230 Each

18.0000 2 2

D2892-1

SUPPORT

**

13-8-27

Location

Loc Qty

Loc Code

LG052

18

100481

10

100709

8

June-20-13 2:48:26 PM

Shop Packet Print

Page 2

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order update only ☐

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>
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Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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Picklist Print

June-20-13 2:48:26 PM

Work Order ID: 103272

Parent Item: D206-667-207BL

Parent Item Name: Crosstube Mid Aft

103272

*D206-667-207BI *

Start Date: 6/20/13

Required Date: 7/05/13

Start Qty: 1.00

Required Qty: 1.00

D3595-063-450

Manufactured No

230

Each

82.7000

4

4

D3595-063-450

Rubber Cushion

**

AS 13-8-27

102951

Location

Loc Qty

Loc Code

FG

15

88422

5

94274

10

LG051

1.7

99357

1.7

ST414

66

100430

19

101693

22

101885

25

(4)

MS21920-22

Purchased

No

230

Each

104.0000

4

4

MS21920-22

Clamp

**

AS 13-8-27

126330

Location

Loc Qty

Loc Code

LG050

104

116207

3

117506

1

118186

8

119545

1

120631

3

124260

2

124522

8

125487

5

125654

23

M125978

50

(4)

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order update only ☐

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>
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Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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Picklist Print

June-20-13 2:48:26 PM

Page 4

Work Order ID: 103272

Parent Item: D206-667-207BL

Parent Item Name: Crosstube Mid Aft

103272

D206-667-207BL

Start Date: 6/20/13

Required Date: 7/05/13

Start Qty: 1.00

Required Qty: 1.00

AN5-10A

Purchased

No

250

Each

391.0000

AN5-10A
BOLT

DAS
27
9-89

Location

Loc Qty

Loc Code

GA

50

122800

50

ST350A

341

124805

341

**

10
m/26/80
DAS 26 9-89

AN5-32A

Purchased

No

250

Each

547.0000

AN5-32A
Bolt

DAS
27
9-89

Location

Loc Qty

Loc Code

ST337

371

122800

33

124215

338

ST350A

176

124805

176

**

4
m/26/80
DAS 26 9-89

AN5-34A

Purchased

No

250

Each

54.0000

AN5-34A
Bolt

DAS
27
9-89

Location

Loc Qty

Loc Code

ST338

50

m125752

50

ST350A

4

124805

4

**

4
m/26/80
DAS 26 9-89

AN960JD516

NAS1149D0563J

Purchased

No

250

Each

2.0000

AN960JD516
Washer

DAS
27
9-89

Location

Loc Qty

Loc Code

ST504

2

1069059

2

**

18
m/26/80
DAS 26 9-89
B-9-5

June-20-13 2:48:26 PM

Shop Packet Print

Page 4

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order update only ☐

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>
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Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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Picklist Print

June-20-13 2:48:26 PM

Page 5

Work Order ID: 103272

103272

Parent Item: D206-667-207BL

*D206-667-207BI *

Parent Item Name: Crosstube Mid Aft

Start Date: 6/20/13

Required Date: 7/05/13

Start Qty: 1.00

Required Qty: 1.00

MS210421.5

Purchased

No

250

Each

1,701.000

4 4
**

DAS
26
9-89

MS210421.5
Nut

13-9-5

~~EB~~

DAS
27
9-89

Location

Loc Qty

Loc Code

ST314

720

125654

720

ST506

1

123900

1

st507

980

125535

980

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order update only ☐

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>
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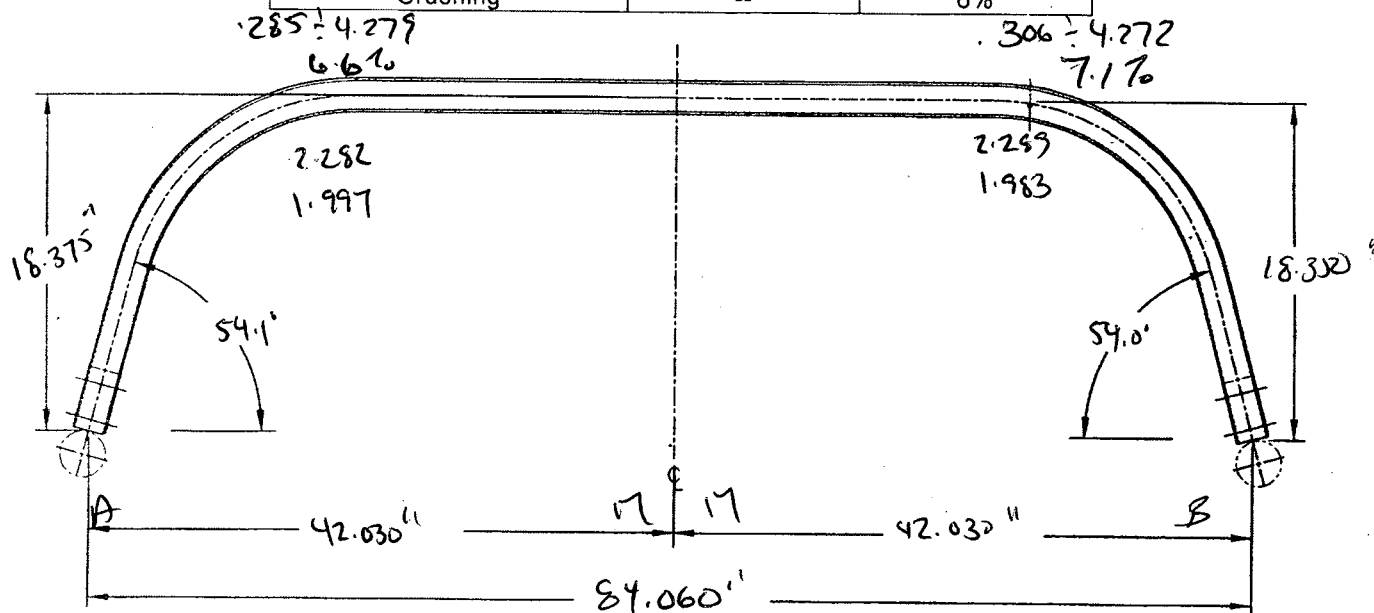
Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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DART AEROSPACE LTD		Work Order:	103272
Description: Crosstube Mid Aft (206L)		Part Number:	D206-667-207
Inspection Dwg: D206-667-247 Rev: A		Page 1 of 1	

Required Dimension	Min	Max
Height	18.34	18.60
1/2 Span	41.79	42.05
Angle	54°	56°
Total Span	83.59	84.09
Bending Passes	10	--
Crushing	--	6%



	Side A	Side B
Bending Passes	17	17
Crushing	6.6%	7.1%
Comments		
Side A = 6.6% crush @ 17 PASSES		
Side B = 7.1% crush @ 17 PASSES		

QC15 Inspection	DAS
Date	16 13/08/14

Rev	Date	Change	Revised by	Approved
A	12.02.15	New Issue	KJ	
B	12.04.16	Added bending, crushing dimensions	KJ	

Item	Qty	Part Number	Description
	-247		
1	X	D206-667-247	CROSSTUBE ASSEMBLY (206L MID AFT)
2	1	D6004-115	CROSSTUBE
3	2	D2873-043	NUT PLATE
4	2	D2873-045	NUT PLATE
5	2	D2892-1	SUPPORT
6	4	D3595-063-450	RUBBER CUSHION
7	4	MS21920-22	CLAMP
8	14	MS20601AD4W10	RIVET (OR NAS9302B-4-10)
9	A/R	MAGNOBOND 6398	ROCKWELL SPECIFICATION RBO-120-023 ADHESIVE (TEXTRON/BELL SPEC. 299- 947-100, TYPE II, CLASS 2 ADHESIVE)

GENERAL NOTES:

- 1) MATERIAL: MANUFACTURED FROM D6004-115
FINISHED LENGTH = 99.76±0.020
- 2) FINISH: CHEMICAL CONVERSION COAT PER DART QSI 005 4.1
PRIME INSIDE AND OUTSIDE PER DART QSI 005 4.2
PAINT OUTSIDE PER DART QSI 005 4.2
- 3) TOLERANCES ARE PER DART QSI 018 UNLESS OTHERWISE NOTED.
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED.
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX.
- 6) IDENTIFICATION: SCRIBE DART PART NUMBER "D206-667-247" AND BATCH NUMBER ON INSIDE OF CUFF PER DART QSI 044 6.4 (VIBRATING STYLUS).
- 7) WEIGHT: 21.1 lbs (-607 = 17.7 lbs)
- 8) PART IS SYMMETRIC ABOUT CENTERLINE.
- 9) RUN CUTTER OFF PART WHERE INDICATED. BLEND OUT EDGE LONGITUDINALLY. TRANSITION SHOULD BE SMOOTH.
- 10) BEND PROGRESSIVELY WITH A MINIMUM OF 10 PASSES. MAXIMUM TUBE FLATTENING DUE TO BENDING IS 6% BASED ON O.D.
- 11) LIQUID PENETRANT INSPECT OUTSIDE SURFACE OF CROSSTUBE PER QSI 038.
- 12) INSTALL D2892-1 SUPPORT USING 0.03" TO 0.06" THICK LAYER OF MAGNOBOND 6398 PER QSI 015. LET CURE FOR 12 HOURS AFTER INSTALLATION AND PRIOR TO PACKAGING.
- 13) INSTALL MS21920-22 CLAMPS WITH D3595-063-450 RUBBER CUSHIONS TO SECURE THE D2892-1 SUPPORT ON TOP SIDE OF THE CROSSTUBE. ENSURE CLAMP MECHANISMS ARE LOCATED ON CROSSTUBE SUPPORTS.
- 14) EXTREME CARE MUST BE TAKEN TO PROTECT THE OUTSIDE SURFACE OF THE TUBE. THE OUTSIDE SURFACE MUST BE SMOOTH AND FREE FROM SURFACE DEFECTS SUCH AS SCRATCHES, NICKS, OR DENTS. DEFECTS UP TO 0.005" MAY BE BLENDED OUT LONGITUDINALLY. CIRCUMFERENTIAL GRIND MARKS ARE UNACCEPTABLE.
- 15) TORQUE CLAMPS 80 TO 100 IN-LB. ENSURE AT LEAST 1.5 THREADS ARE SHOWING IN SAFETY AND THAT NUT HAS NOT BOTTOMED-OUT AFTER TORQUING.

A	NEW ISSUE	CP	10.12.23
REV.	DESCRIPTION	BY	DATE
DESIGN			
DRAWN			
CHECKED			
MFG. APPR.			
APPROVED			
DE APPR.			
DATE	10.12.23		

DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA	
DRAWING NO. D206-667-247	REV. A SHEET 1 OF 4
TITLE CROSSTUBE ASSY (206L MID AFT)	SCALE NTS
COPYRIGHT © 2010 BY DART AEROSPACE LTD THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL, AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.	

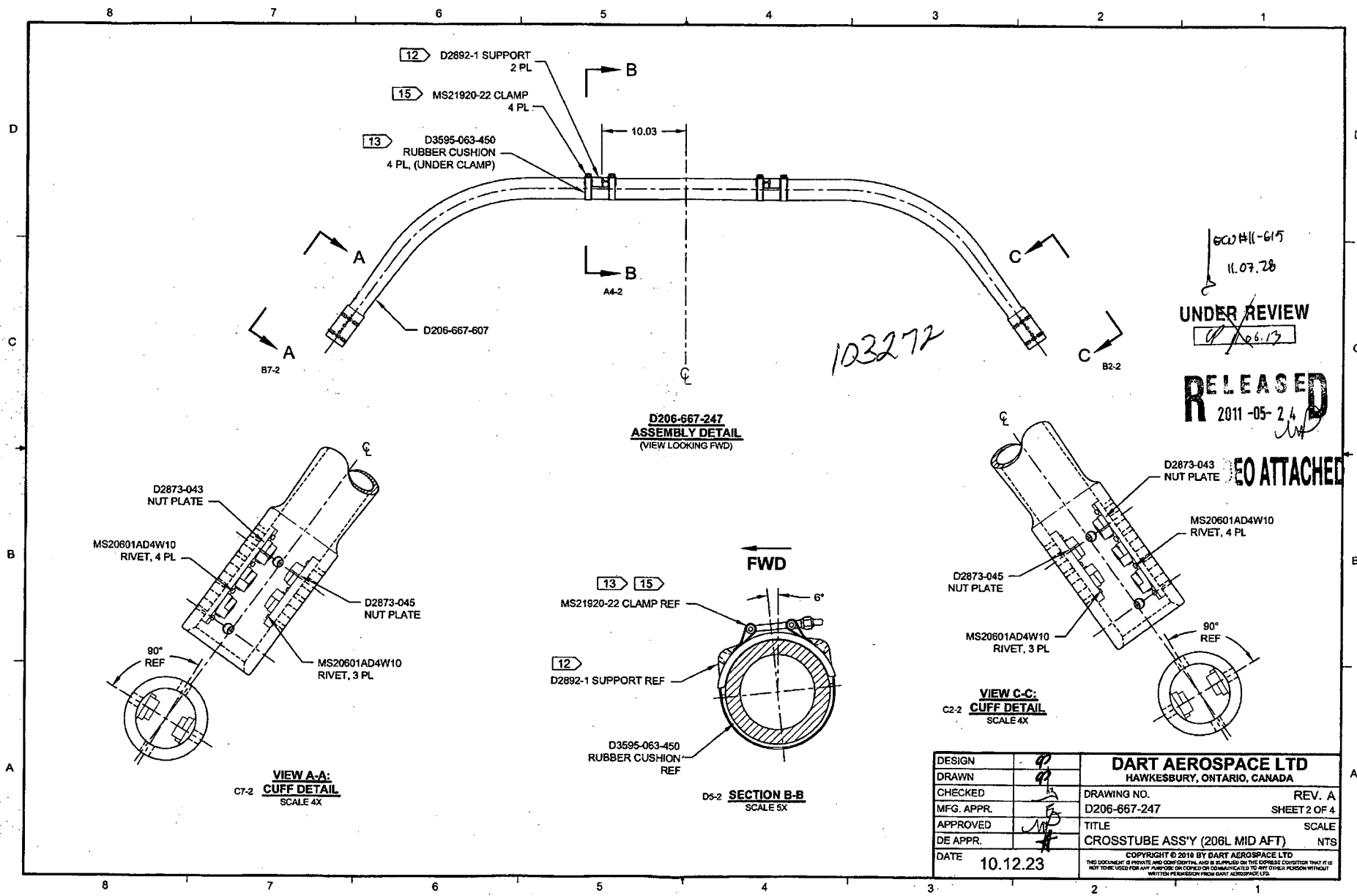
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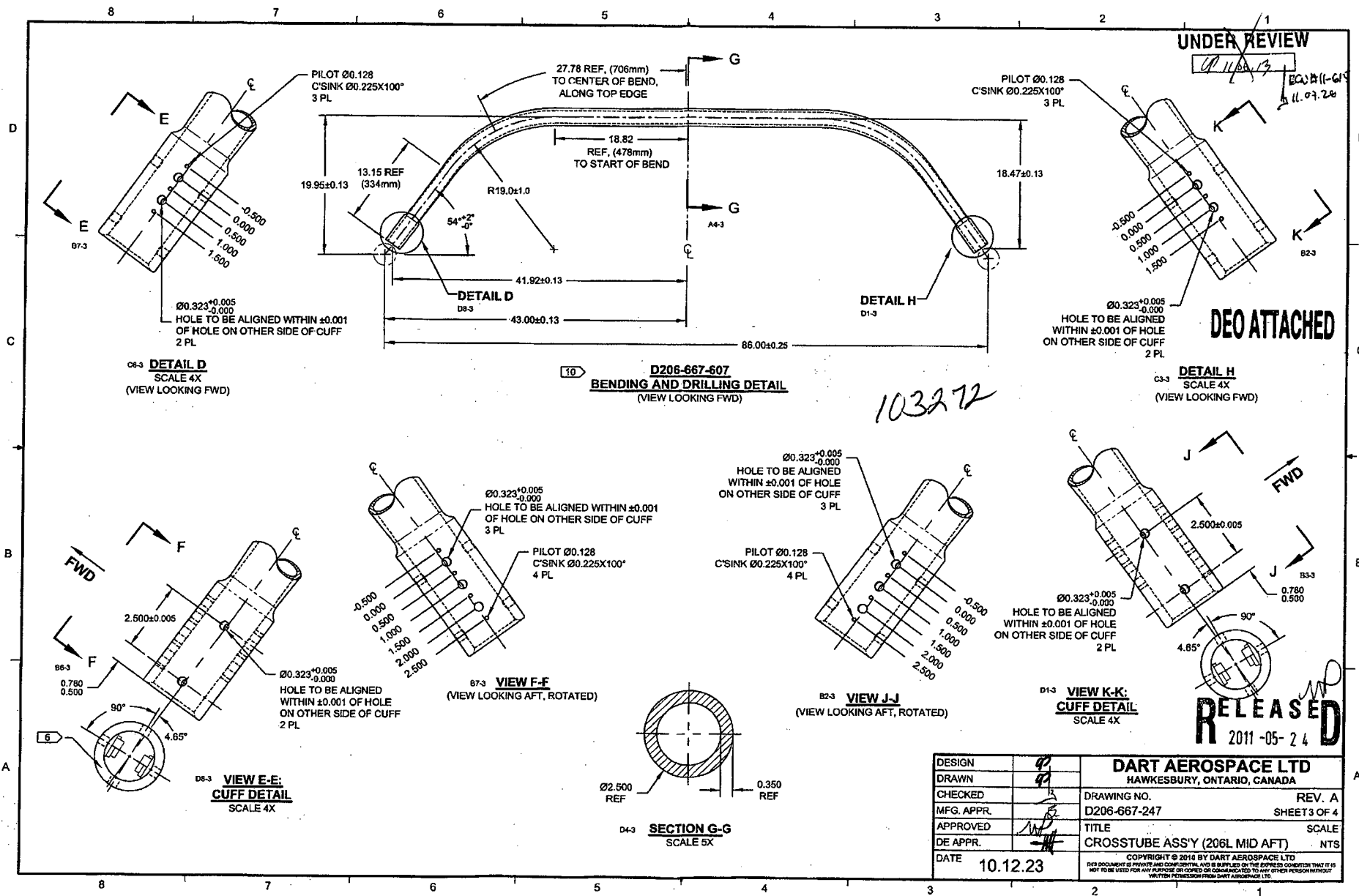
BCW #11-615

11.07.28

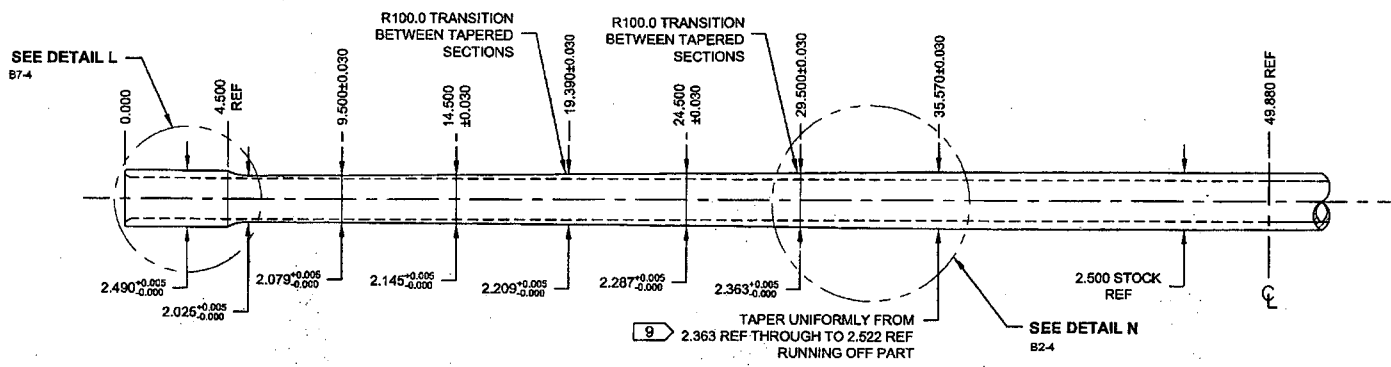
UNDER REVIEW

RELEASED
2011-05-24

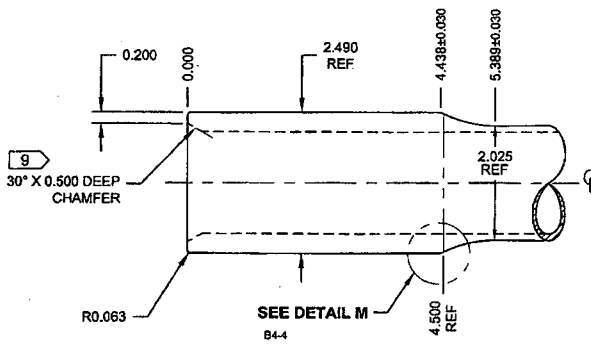




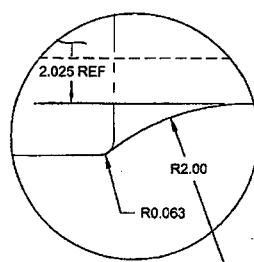
8 7 6 5 4 3 2 1



TURNING DETAIL

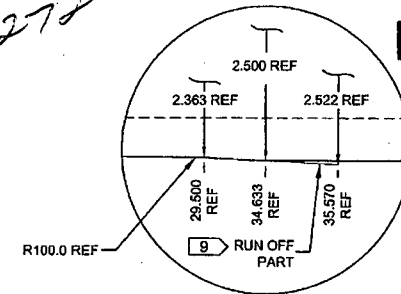


DETAIL L: CROSSTUBE CUFF
SCALE 2.5X



DETAIL M: CUFF TRANSITION
NOT TO SCALE

103272



DETAIL N: TAPER RUN-OFF
NOT TO SCALE

11.07.28
UNDER REVIEW
11.09.13

DEO ATTACHED

RELEASED
2011-05-24

DESIGN	90	DART AEROSPACE LTD	
DRAWN	91	HAWKESBURY, ONTARIO, CANADA	
CHECKED		DRAWING NO.	REV. A
MFG. APPR.	92	D206-667-247	SHEET 4 OF 4
APPROVED	93	TITLE	SCALE
DE APPR.	94	CROSSTUBE ASS'Y (206L MID AFT)	NTS
DATE	10.12.23	COPYRIGHT © 2010 BY DART AEROSPACE LTD	
THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSES OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD			

DRAWING NO. D206-667-247	TITLE CROSSTUBE ASS'Y (206L MID AFT)	REV. A	DART AEROSPACE LTD ENGINEERING ORDER		D.E.O. NO. D206-667-247-A-1	SHEET NO. SHEET 1 OF 1	SCALE NTS
DRAWN <i>qp</i>	CHECKED <i>ASS</i>	MFG. APPR. <i>KB</i>	APPROVED <i>IND</i>		DE APPR. <i>#</i>		
DATE 11.07.15	DATE 11.07.20	DATE 11.07.21	DATE 11/07/21		DATE 11.07.21		

PURPOSE:

REPLACE MAGNOBOND WITH PROSEAL.

CHANGE:

IS:

Item	Qty -247	Part Number	Description
9	A/R	PROSEAL 890 B-2	SEALANT, AMS-S-8802 CLASS B-2

WAS:

9	A/R	MAGNOBOND 6398	ROCKWELL SPECIFICATION RBO-120-023 ADHESIVE (TEXTRON/BELL SPEC. 299-947-100, TYPE II, CLASS 2 ADHESIVE)
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NOTE 12 & 15, SHEET 1 IS AMENDED AS FOLLOWS:

IS:

12) TO INSTALL D2892-1 SUPPORT: ABRASE MATING SURFACE OF SUPPORT AND CROSSTUBE WITH 180-GRIT SANDPAPER AND REMOVE RESIDUE WITH MEK (OR EQUIVALENT). APPLY A 0.04" TO 0.07" THICK LAYER OF PROSEAL 890 CLASS B-2 (OR AMS-S-8802 CLASS B-2) SEALANT TO MATING SURFACE OF SUPPORT.

15) TORQUE CLAMPS 80 TO 100 IN-LB. ENSURE AT LEAST 1.5 THREADS SHOWING IN SAFETY AND THAT NUT HAS NOT BOTTOMED-OUT AFTER TORQUING. **PRIOR TO PACKAGING, RE-CHECK TORQUE ON CLAMPS AFTER PROSEAL 890 SEALANT HAS CURED FOR 72 HOURS.**

WAS:

12) INSTALL D2892-1 SUPPORT USING 0.03" TO 0.06" THICK LAYER OF MAGNOBOND 6398 PER QSI 015. LET CURE FOR 12 HOURS AFTER INSTALLATION AND PRIOR TO PACKAGING.

15) TORQUE CLAMPS 80 TO 100 IN-LB. ENSURE AT LEAST 1.5 THREADS SHOWING IN SAFETY AND THAT NUT HAS NOT BOTTOMED-OUT AFTER TORQUING.

103272

RELEASED
2011-07-28
IND

folio

Dart Aerospace Ltd
Landing Gear
CNC Bender 2
D206-667-247

Batch#:
Tangent lines

Center line
15" from CUFF
19" from Center line

2-Set-up

2.5" Rollers WITH 1.6" Spacers
Buggy A - 3.125"
All programs run with long end of tube on LARGE TABLE

3-BENDING:

Step 1: Y 3290 W 1580

Run program 206247 1-2-3-4 from 19" line down taper, buggy A on Cuff.
then CHECK

Step 2: Y 3340 W 3440

run program 206247 10 (check), 11 - 11a - b - c - d - e , from 15" line

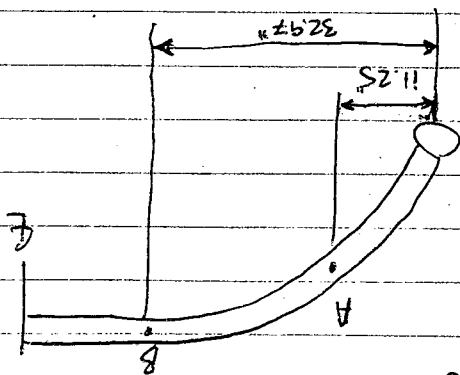
Passes:

Handwritten notes in Chinese characters, likely indicating inspection points or pass counts, arranged in two vertical columns.

12.01.13

Crushing of D206-667-247

Acceptability of 8% crushing at end of bend



Point A: $\phi 1 = 2.283$ $\phi 2 = 1.973$

Crushing = $(2.283 - 1.973) / (2.283 + 1.973) = 7.3\%$
 $I = 0.435 \text{ in}^4$ from AUTOCAD

Point B: $\phi 1 = 2.50 \text{ in}$ $\phi 2 = 1.80 \text{ in}$
 $I = 1.402 \text{ in}^4$

$A \sigma = F = M c / I = P \times 1.25 \times 1.973 / 2 \times 0.435 = 13.52 P$
 $B \sigma = P \times 32.97 \times 2.50 / 2 \times 1.402 = 29.34 P$

M.S. = $29.34 / 13.52 - 1 = 1.17$

73
 Tube will break at support before area of 8% crushing. 73% crushing in area at end of bend is acceptable.

12.01.13



LIQUID PENETRANT TEST REPORT

P- 12253

PAGE 1 OF 1

CLIENT Dart Aerospace DATE Aug 22 2013 TIME AM ☒ PM ☐
ATTENTION Chantale, Linda, Andy ACUREN JOB NO. 188-13-C0317
ADDRESS 1270 Abenden St PO/WO No. 21040
Hawkesbury, on WORK LOCATION AS Address
ACCEPTANCE STD. AS 1417/2510310 REV./DATE 2005
PROJECT Pt-Wet Fluorescent Liquid Penetrant Inspection
ITEM(S) EXAMINED - See Below

JOB DESCRIPTION PROCEDURE NO. LT-002 REV./DATE 2009 TECHNIQUE NO. LT-002 REV./DATE 2009

PART NO. MATERIAL Aluminium/c/s THICKNESS ---
SCOPE Performed a wet Fluo L.P.I on 100% of the external surface only on Items mentioned below

TEST DETAILS

METHOD ☒ FLUORESCENT ☐ VISIBLE ☒ WATER WASH ☐ SOLVENT REMOVABLE ☐ POST EMULSIFIED
FAMILY BRAND MagneFlux BLACK LIGHT S/N 3790 ☐ OUTPUT > 1000 μ W/cm² ☐ AMBIENT < 2 fc
PENETRANT ZL-67 MINIMUM DWELL TIME 45 MIN. LIGHTING EQUIP. ☐ FLASHLIGHT ☐ TROUBLELIGHT ☐ OUTPUT > 100 fc @ SURFACE
PENETRANT REMOVER H2O MINIMUM DRY TIME >10 MIN. OTHER
DEVELOPER SKD-82 MINIMUM DWELL TIME 90 MIN. LIGHT METER S/N 1098866 CAL DUE DATE oct 2013
DEVELOPER TYPE ☒ NON AQUEOUS ☐ AQUEOUS ☐ DRY

TEST SURFACE

SURFACE CONDITION ☐ AS GROUND ☐ AS WELDED ☒ MACHINED ☐ SHOT BLASTED ☒ CLEAN BARE METAL
SURFACE TEMPERATURE ☐ < -4°C/ 20°F ☐ -4°C/ 20°F TO 10°C/50°F ☒ 10°C/50°F TO 52°C/125°F ☐ > 52°C/125°F

RESULTS- ☐ METRIC ☐ IMPERIAL

ITEM	COMMENTS	ACCEPT	REJECT
1	Crossstube Aft w.o ID 102861	✓	
2	Crossstube Aft w.o ID 102862	✓	
3	Crossstube Aft w.o ID 102863	✓	
4	Crossstube Mid Aft w.o ID 103065	✓	
5	Crossstube Mid Aft w.o ID 103270	✓	
6	Crossstube Mid Aft w.o ID 103272	✓	
7	Aft crossstube High w.o ID 105322	✓	
8	39" Aft crossstube w.o ID 105508	✓	
9	Crossstube Mid Aft w.o ID 105659	✓	

Item ID 0412-664-203
Item ID 0412-664-203
Item ID 0412-664-203
Item ID 0206-667-207 BL
Item ID 0206-667-207 BL
Item ID 0206-667-207 BL
Item ID 0412-664-203
Item ID 0412-596-203
Item ID 0206-667-207 BL

MA 13.08.13

Scope of Services

The agreement of Acuren Group Inc. to perform services extends only to those services provided for in writing. Under no circumstances shall such services extend beyond the performance of the requested services. It is expressly understood that all descriptions, comments and expressions of opinion reflect the opinions or observations of Acuren Group Inc. based on information and assumptions supplied by the owner/operator and are not intended nor can they be construed as representations or warranties. Acuren Group Inc. is not assuming any responsibilities of the owner/operator and the owner/operator retains complete responsibility for the engineering, manufacture, repair and use decisions as a result of the data or other information provided by Acuren Group Inc. In no event shall Acuren Group Inc.'s liability in respect of the services referred to herein exceed the amount paid for such services.

Standard of Care

In performing the services provided, Acuren Group Inc. uses the degree, care and skill ordinarily exercised under similar circumstances by others performing such services in the same or similar locality. No other warranty, expressed or implied, is made or intended by Acuren Group Inc.

SIGNATURES

CLIENT REPRESENTATIVE Andy Sheldon PRINT ASheldon SIGNATURE DTR # E-07953
TECHNICIAN (SIGNATURE): Alexandre Michaud REPORT REVIEWED BY:
NAME (PRINT): Alexandre Michaud NAME INITIALS
1ST TECHNICIAN 2ND TECHNICIAN
CGSB LEVEL 2 SNT LEVEL 2 CGSB LEVEL SNT LEVEL
CGSB REG. NO. 10148 CGSB REG. NO.

WHITE - CLIENT COPY

CANARY - OFFICE COPY

PINK - TECHNICIAN COPY

GOLD - OFFICE COPY



Daily Time Report

E-07953

Form dated Mar 2009

Client: Dart Aerospace
Contact: Chantale, Linda, Andy
Location: Hawkesbury, on
Description: Pt-wet Fluc
Report #s: P-12253

Job #: 188-13-C0317
Day: Sun Mon Tues
P.O. #:
Vehicle # AM

Date: Aug 22 2013
Wed Thurs Fri Sat
W.O. #:
Camera #:

Name	Specialist	Tech.	CEDO	Assistant	Start Time	Total Hours			KM	LOA (✓) ONLY	OTM (✓) ONLY	Labour Agreement (if known) or type of work	TLD No.	Daily DRD Readings
						Travel	Worked	SP						
Alexandre Michaud		✓			6:00	3	4		230					0
					AM									
					PM									
					AM									
					PM									
					AM									
					PM									
					AM									
					PM									
					AM									
					PM									

WELD INSPECTION SUMMARY

Weld Diameter										Long Seam					Circ Seam				
Schedule/Thickness										Thickness					Thickness				
Quantity										Lineal Ft					Lineal Ft				

Film: _____ Pcs. 2 3/4 x 17"
_____ Pcs. 3 1/2 x 17"
_____ Pcs. 4 1/2 x 17"
_____ Pcs. 14" x 17"
_____ Pcs. _____

Consumables
(cans / litres): _____ UT _____ PT _____ MT

Re-billable expenses:

Equipment charges:

Client Representative: Michaud

ACUREN 1-877-299-2857

Cambridge, ON (519) 622-3112 • Fax (519) 622-1326
Cantley, QC (819) 360-0685 • Fax (819) 827-3513
Cornwall, ON (613) 931-1261 • Fax (613) 931-2777
Gaspé, QC (418) 392-3618 • Fax (418) 392-4114
Halifax, NS (902) 443-4448 • Fax (902) 445-5090
Jonquiere, QC (418) 542-8273 • Fax (418) 542-5494
Mississauga, ON (905) 673-9899 • Fax (905) 673-8394
Montreal, QC (450) 492-3399 • Fax (450) 492-5682
North Bay, ON (705) 840-8107 • Fax (705) 476-6683
Oakville, ON (905) 825-8595 • Fax (905) 825-8598
Pickering, ON (905) 839-0015 • Fax (905) 839-5641
Port Elgin, ON (519) 389-6797 • Fax (519) 389-6799
St. John's, NL (709) 753-2100 • Fax (709) 753-7011
Sarnia, ON (519) 336-3021 • Fax (519) 336-8220
Sherbrooke, QC (819) 620-5456 • Fax (819) 346-6828
Sudbury, ON (705) 522-1849 • Fax (705) 522-9926
Thunder Bay, ON (807) 475-4240 • Fax (807) 577-2017
Timmins, ON (705) 365-8313 • Fax (705) 267-2855
Val D'Or, QC (819) 856-6789 • Fax (819) 825-9564

NOTES:



Dart Aerospace Ltd.
1270 Aberdeen Street
Hawkesbury, ON K6A 1K7
Tel: 613 632 9577
Fax: 613 632 1053

PURCHASE ORDER

Purchase Order ID PO21040

Purchase Order Date 8/22/2013

PO Print Date 8/22/2013

Page Number 1 of 4

Order From :
ACUREN
2190 SPEERS ROAD
OAKVILLE, ON L6L 2X8
CA

VC-ACU002

Ship To : DART AEROSPACE LTD
1270 ABERDEEN
HAWKESBURY, ON K6A 1K7
CANADA

FXED
613 632 1053

Contact Name
Vendor Phone 613 931 1261

Ship To Contact
Ship To Phone
Ship Via:
Ship Acct:

Buyer Chantal Lavoie
Customer POID
Customer Tax # 10127-2607
Terms Net 30
Currency CAD
FOB Destination-Collect

Line Nbr	Reference Vendor Part Number Line Comments Delivery Comments	Description/ Mfg ID	Req Date/ Taxable Promise Date	CD	Req Qty/ Unit of Measure	PO Unit Price	Extended Price
1	103065	D206-667-207BL CROSSTUBE	8/22/2013 Yes 8/22/2013		1.00	\$101.33	\$101.33
LIQUID PENETRANT INSPECTION AS PER QSI 038 OR LPI AS PER ASTM 1417 LEVEL 2						Line Total:	\$101.33
2	103270	D206-667-207BL CROSSTUBE	8/22/2013 Yes 8/22/2013		1.00	\$101.33	\$101.33
AS ABOVE						Line Total:	\$101.33
3	103272	D206-667-207BL CROSSTUBE	8/22/2013 Yes 8/22/2013		1.00	\$101.33	\$101.33
AS ABOVE							

Note:

8/22/2013